

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT -7 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600008304426--7  
-10/10/02--01035--011  
\*\*\*\*550.00 \*\*\*\*550.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # **P98000056664**

1. Entity Name  
**G. CRABTREE ENTERPRISES, INC.**

Principal Place of Business <b>7512 DR. PHILLIPS BOULEVARD STE 50-512 ORLANDO FL 32819</b>	Mailing Address <b>7512 DR. PHILLIPS BOULEVARD STE 50-512 ORLANDO FL 32819</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3518806**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD LARSEN, KENNETH R 7512 DR. PHILLIPS BOULEVARD ORLANDO FL 32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD LARSEN, GLORIA B 7512 DR. PHILLIPS BOULEVARD ORLANDO FL 32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LEAS TO SISTER HOLDINGS PETER KEMMEL SJD</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED      Date: 09/11/02      Daytime Phone #: (407) 2942288

CR2E034 (4/02)

21 10/10/02

Long's Bridal & Tux, Inc.  
11039 E. Colonial Dr.  
Orlando, FL 32817  
407-381-2535

September 30, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL- 32302-1500

Re: Long's Bridal & Tux, Inc.  
FIE # 59-3408669  
Doc # P96000088831  
Annual Report for 2000, 2001 and 2002

To Whom It May Concern:

It has come to my attention that we have not filed our Profit Corporation Annual Reports for the above referenced years.

To the best of my knowledge we never received the notice which the corporation should have received. We have experienced minor administrative changes since incorporation, however, things have stabilized and we see no further changes in the near future. I understand this is not your problem, however, I respectfully request your assistance and understanding in this matter.

I wish to keep this corporation active and would like to insure the corporation is/was not dissolved. Please accept this copy of the filing form and a check for \$450.00 for the above years, made payable to the Department of State, Division of Corporations.

I respectfully request any additional penalties and or interest be waived.

Thank you for your cooperation and understanding in this matter. Should you have any questions please do not hesitate to contact me.

Very truly yours,

Dao Q. Trinh  
President